PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE **Commissioner for Patents** P.O. Box 1450 Alexandria, Virginia 22313-1450

(703) 746-4000 or <u>Fax</u>

THE PARTY OF THE P	
INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be c	ompietea where
morrootiono, in a total disease of most in the same in	
appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence.	ience address as
appropriate. All future correspondence merading the ratem, advance orders and notification of many and ratem.	A DDD DOOR C
' 1: 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	ADDRESS" to
indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE	TIDDICE TO
maintenance fee notifications.	
mantenance reconstructions.	

CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)

7590

01/03/2005

Milton S. Sales Patent Legal Staff Eastman Kodak Company 343 State Street Rochester, NY 14650-2201



Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.

Certificate of Mailing or Transmission

I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (703) 746-4000, on the date indicated below.

Qui Ramai	itor's name)
ALLE O COG - 5750	(Signature)
march 24,2005	(Date)

				1 m	arch 24.20	O.5 (Date)	
APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR		ATTORNEY DOCKET NO.	CONFIRMATION NO.		
10/660,214	09/11/2003	Dung T. Duong		86508ADAN	. 6554		
TITLE OF INVENTION: LIGHT TRANSFER DEVICE AND SYSTEM			л II 03/29/		/2005 BABRAHA2 00000047 10660214		
				01 FC: 02 FC:		1400.00 OP 300.00 OP	
APPLN. TYPE	SMALL ENTITY	ISSUE FE	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	04/04/2005	
EXAM	EXAMINER ART		ΙΤ	CLASS-SUBCLASS	]		
ULLAH	ULLAH, AKM E		2874 385-146000				
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication (or "Fee Address" Indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication form PTO/SB/122) attached.  Change of correspondence address (or Change of Correspondence Address indication form agents OR, alternatively,  (2) the name of a single firm (having as a member a registered attorney or agents. If no name is listed, no name will be printed.  3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)  PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.							
(A) NAME OF ASSIGN EASTMAN X 343 STATE S	IEE ODAK COMPANY STREET, ROCHESTE	(B)	) RESIDENC 650-2201	EE: (CITY and STATE OR CO	UNTRY)		
Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government							
4a. The following fee(s) are enclosed:  4  Issue Fee		40.	4b. Payment of Fee(s):  A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted)		•	Payment by credit card. Form PTO-2038 is attached.				
Advance Order - # of Copies			The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).				
_ 0	s (from status indicated above) SMALL ENTITY status. See 37	CFR 1.27.	b. Applic	ant is no longer claiming SMA	LL ENTITY status. See 37 (	CFR 1.27(g)(2).	
The Director of the USPTO NOTE: The Issue Fee and I	is requested to apply the Issue Publication Fee (if required) will ords of the United States Patent	Fee and Publicat I not be accepted and Trademark	ion Fee (if an I from anyone Office.	y) or to re-apply any previous other than the applicant; a reg	ly paid issue fee to the applic istered attorney or agent; or	ation identified above. the assignee or other party in	

Registration No. \_ Typed or printed name This collection of information is required by 37 CFR 1.311. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, Virginia 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450.

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

Authorized Signature